

ST. ANDREW UNITED METHODIST CHURCH  
(EMPLOYMENT APPLICATION)  
3350 White Bay Drive  
Highlands Ranch CO 80126  
Ph: 303 794-2683 Fax: 303 794-2852

Date \_\_\_\_\_

NAME \_\_\_\_\_ ( ) \_\_\_\_\_  
First Middle Last Phone

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of time at above address \_\_\_\_\_. If less than one year, please provide previous address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**GENERAL INFORMATION**

Position applied for: \_\_\_\_\_ Starting Salary Expected: \_\_\_\_\_

Type of Position: Full Time  Part Time  Temporary  Date Available: \_\_\_\_\_

Have you ever been employed at a United Methodist Church before? Yes  No

If yes, position(s) held and dates: \_\_\_\_\_

St. Andrew is in full compliance with the Immigration Act of 1986. If hired, can you provide evidence of your eligibility for employment in the

United States, i.e., birth certificate? Yes  No  Are you over the age of 18? Yes  No

How were you referred to this position? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Name of High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Circle Last Grade Completed 9 10 11 12 GED certificate? Yes No

Name of College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Degree \_\_\_\_\_ OR Years Completed 1 2 3 4 5

If more space is needed, please attach a separate sheet.

**EMPLOYMENT HISTORY**

List names of employers in chronological order with present or last employer first. Account for all periods of time including military service and period of unemployment. Please give month and year. These people may be contacted by St. Andrew.

Name and Address Employer: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and Address Employer: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and Address Employer: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

UNITED STATES MILITARY

Have you served in the U. S. Military? Yes \_\_\_\_\_ No \_\_\_\_\_ Branch \_\_\_\_\_
Dates of Service from \_\_\_\_\_ to \_\_\_\_\_ Rank or Grade at Discharge \_\_\_\_\_
Please describe your duties: \_\_\_\_\_

SKILLS

POSTION APPLIED FOR \_\_\_\_\_ (Describe)
(If applying for clerical/administrative positions, please check all skills that you have:

Word Processing \_\_\_\_\_ Folder \_\_\_\_\_ Typing \_\_\_\_\_ wpm
Equipment: \_\_\_\_\_ Copier \_\_\_\_\_ Transcription \_\_\_\_\_
\_\_\_\_\_ Postage Meter \_\_\_\_\_ Ten-key by Touch \_\_\_\_\_
\_\_\_\_\_ FAX \_\_\_\_\_ Ten-key by Sight \_\_\_\_\_
\_\_\_\_\_ Other (Describe) \_\_\_\_\_

BACKGROUND INFORMATION

Have you ever been convicted of a felony criminal offense? Yes [ ] No [ ] If yes, please state the nature of the offense, where the offense occurred, date and sentence imposed: \_\_\_\_\_

Do you have any criminal charges pending? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, describe \_\_\_\_\_

Have you ever been discharged or forced to resign from a position? Yes [ ] No [ ] If yes, explain \_\_\_\_\_

Do you have transportation available? Yes [ ] No [ ]

Do you have any physical or mental limitations which would prevent you from performing any of the essential functions of the specific position you are applying for or which would require any accommodation? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, describe the physical or mental limitation(s) and any accommodation applicable: \_\_\_\_\_

If the position applied for may involve contact with infants/young children, please answer the following (if inapplicable state "N/A"): Please describe your experience, not included in the above, working with infants or children \_\_\_\_\_

REFERENCES

(Business and personal, other than those listed above) These people may be contracted by St. Andrew.

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship \_\_\_\_\_
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Relationship \_\_\_\_\_
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

APPLICANT AGREEMENT

I agree that St. Andrew United Methodist Church shall not be liable in any respect if they refuse to hire me for this position. In order to determine if I have characteristics, which qualify me to work effectively at St. Andrew United Methodist Church, I hereby authorize St. Andrew to contact any references or other private or public sources to obtain personal background information about me.

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application may result in rejection of this application. I also understand and agree that any such false, incomplete or misleading information discovered on this application at any time after I am employed may result in my immediate dismissal.

I understand that if I am hired, I will be a trial employee for ninety (90) days. I further understand that I am an employee at will and that my employment and compensation can be terminated, with or without cause or notice, at any time. I have read and agree to the foregoing. I understand that, if employed, I will be required to provide proof of my eligibility for employment in the United States as required by the Immigration Control Act of 1986.

Date \_\_\_\_\_
Employment Application

Signature of Applicant \_\_\_\_\_